

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>F-115</i>		<i>31/10/10</i>
<b>FORMALITY REVIEW</b>	<i>S-1</i>	<i>109</i>	<i>06/12/10</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>112</i>	<i>907</i>	<i>9/12/10</i>

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	9/12/10
1	✓
2	✓
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17	✓
18	✓
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39	✓
40	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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7C-GX  
9-12-10

6-11-10